



2006 Strategic Plan for Eliminating Tobacco-Related Health Disparities in Rhode Island

*Developed by the Rhode Island
Tobacco-Related Disparities Workgroup*



Tobacco is the leading preventable cause of death in the United States. Tobacco kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined. Approximately 1,900 Rhode Island adults die each year as a consequence of their own smoking and also from exposure to secondhand smoke. Approximately 23,000 children under 18 will ultimately die prematurely from smoking. Smoking tobacco is the major risk factor for lung cancer. In the United States, about 90% of lung cancer deaths in men and almost 80% of lung cancer deaths in women are due to smoking.

In recent years Rhode Island has made considerable progress in reducing smoking. Smoking by adults has decreased from 26% in 1990, 21% in 2004, 20% in 2005, to 19% in 2006. For high school students, the rate of those who have ever tried a cigarette has fallen from 69% in 1997 to 50% in 2003, while the rate of current smokers (those who smoked within the past 30 days) has fallen from 35% to 15.9%. The passage in 2005 of the state's smoke-free workplace law is expected to lead to additional declines in smoking among the state's inhabitants.

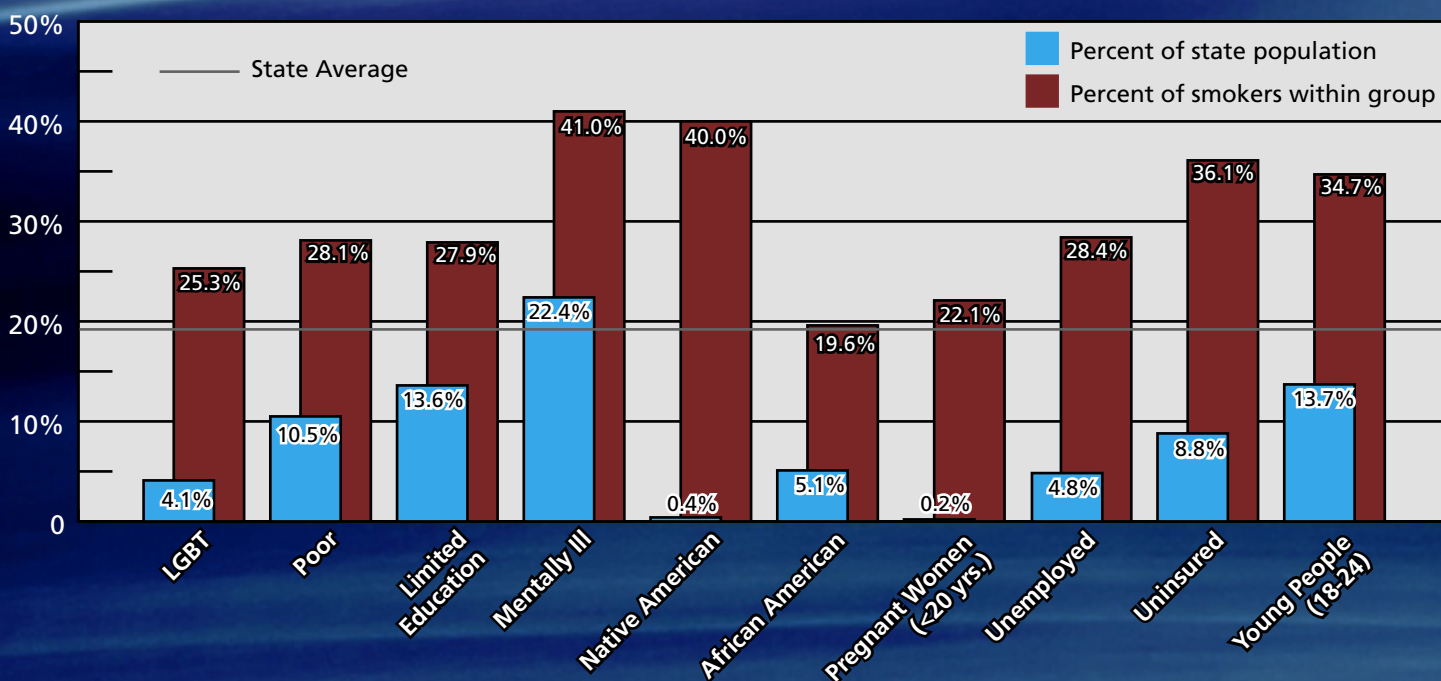
While smoking among Rhode Islanders has declined, not all population groups have benefited equally. Some populations experience disparate health impacts from tobacco as a result of higher smoking rates, high youth initiation rates from targeted marketing by the tobacco industry, or because of other factors increasing the likelihood of members of these populations suffering negative health effects from smoking or secondhand smoke.

The Rhode Island Department of Health (HEALTH) recognizes the need to address health disparities and the impact of tobacco use. Funded by a grant from the federal Centers for Disease Control and Prevention (CDC), HEALTH convened a Workgroup of representatives of

many of the diversely affected populations and organizations that serve these populations to develop a Rhode Island Strategic Plan to Address Tobacco-Related Health Disparities. This Workgroup met throughout the winter, spring, and summer of 2006. This report is the work of this Workgroup and presents the results of the Strategic Plan.

10 Rhode Island populations have been identified as being disparately affected by tobacco:

- Lesbian, Gay, Bisexual, Transgendered (LGBT)
- Poor (those with incomes less than 200% of the federal poverty level)
- Those with limited education
- Mentally ill
- Native Americans
- African-Americans
- Pregnant women
- Unemployed
- Uninsured
- Young people between the ages 18 - 24



GOAL 1. Identify the interrelationships between social, environmental, and individual factors contributing to tobacco use in order to develop and implement targeted programs.

Strategy 1.1 Create a new or integrate with an existing coalition bringing together those concerned with multiple health problems in order to address health disparities as a social justice issue.

Strategy 1.2 Collect information (qualitative and/or quantitative) on social and individual factors affecting tobacco use in disparately affected populations to increase effectiveness in programming and interventions.

Strategy 1.3 Develop and conduct a marketing campaign on social justice.

GOAL 2. Identify and coordinate stakeholders to develop and enhance tobacco prevention and control initiatives within their disparately affected populations.

Strategy: 2.1 Identify organizations to help recruit key informants, stakeholders and potential partners from each of the disparately affected populations.

Strategy: 2.2 Educate stakeholders on tobacco issues related to their populations.

Strategy 2.3 Identify and educate legislative advocates for each population and bring them together with other "champions."

GOAL 3. Identify and coordinate stakeholders to develop and enhance tobacco prevention and control initiatives within their disparately affected populations.

Strategy 3.1 Increase restrictions and enforcement of restrictions on the sales and on the number of retailers of tobacco in municipalities representing disparately affected populations.

Strategy 3.2 Assure availability of evidence-based tobacco use cessation services to tobacco users in Rhode Island.

Strategy 3.3 Reduce tobacco industry influences.

GOAL 4. Develop and implement comprehensive and innovative programming to eliminate tobacco use among disparately affected populations.

Strategy 4.1 Assure all programs are culturally and linguistically appropriate, for example, programs appropriate for those with low literacy.

Strategy 4.2 Conduct workforce development sessions and work with existing certification process to educate personnel of agencies and organizations who work with identified disparately affected populations on eliminating tobacco use.

Strategy 4.3 Raise awareness and involvement on the issue of tobacco use among disparately affected populations.

Strategy 4.4 Affect systems change regarding smoking and socializing among disparately affected populations.

GOAL 5. Improve the effectiveness of the health care system as a channel to promote tobacco control and prevention.

Strategy 5.1 Advocate that insurance companies provide coverage for prevention and intervention for tobacco treatment for disparately affected populations.

Strategy 5.2 Support and expand accessible tobacco control service delivery to communities with disparately affected populations (e.g. new locations for mobile teams could include pharmacies and supermarkets).

Strategy 5.3 Increase involvement of medical professionals and allied health care providers in providing tobacco control services to disparately affected populations.

Strategy: 5.4 Advocate that curriculum at medical and allied health professional schools require a class on health disparities, including tobacco use prevention and control. Classes should include information on the causes of health disparities as well as how to eliminate disparities.

GOAL 6. Identify funding and address resource constraints.

Strategy 6.1 Identify needs and cost of implementing this disparities strategic plan.

Strategy 6.2 Create an advocacy structure together with the new coalition and the Department of Health to increase funding for tobacco prevention and control with disparately affected populations.

Strategy 6.3 Allocate staffing support to help implement the plan.

GOAL 7. Identify and clarify data needs, as well as appropriate sources and methods to obtain them.

Strategy: 7.1 Evaluate current methods of data collection (qualitative and quantitative) in terms of their ability to obtain needed information on disparately affected populations. Use evaluation criteria such as: Do they ask the right questions? Are they culturally and linguistically sensitive? Are they geographically representative? Do they utilize trusted stakeholders to poll specific populations?

Strategy: 7.2 Increase the quality and quantity of data collected on disparately affected populations.



The following groups and organizations participated in the Tobacco-Related Disparities Workgroup

American Cancer Society
American Heart Association -
Northeast Affiliate
American Lung Association
of Rhode Island
Chinese Nurses Association of America
Crossroads of Rhode Island
Interim Church Administrator, Open
Table of Christ UMC
International Institute of Rhode Island
John Hope Settlement House
Minority Health Promotion Centers
Narragansett Youth Task Force
Neighborhood Health Plan
of Rhode Island
Pawtucket Substance Abuse Prevention
Task Force
Progreso Latino
Rhode Island Department of Health
Office of Communications/Media
Office of Disabilities and Health
Office of Minority Health
Tobacco Control Program
Rhode Island Department of Mental
Health, Retardation and Hospitals
Rhode Island Employee
Assistance Services
Rhode Island Health Center Association
Socio-Economic Development Center
for Southeast Asians
The Kent Center for Human &
Organizational Development
University of Rhode Island
Health Services
Tobacco Control Enhancement Project
Urban League of Rhode Island

Moving Forward

The completion of the Tobacco-Related Health Disparities Strategic Plan provides a structure for the implementation of activities that will address tobacco-related health disparities in Rhode Island. A Disparities Team will meet monthly to discuss issues, activities and implementation of these goals. This team will consist of members representing all identified groups and organizations working on Tobacco related issues.



**Rhode Island Department of Health
Tobacco Control Program
3 Capitol Hill
Providence, Rhode Island 02908
401-222-3293
www.health.ri.gov/tobacco**